## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	9/26/2013	Address:	Franklin St & 3 <sup>rd</sup> St.	
Incident #:	13ISPC009704		Elkhart IN	
<b>County</b> :	Elkhart			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
<ul><li>☐ Operational Lab</li><li>☒ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all that	l: Location (bedroom, kitchen, open air, ot apply) or Birch Reaction(s):	etc)		
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s):				
☐ Flammable Solvents: <u>Vehicle</u>				
Water Reactive Metal (Lithium): <u>Vehicle</u>				
Anhydrous Ammonia:				
Corrosive Acid: Vehicle				
Corrosive Base:				
Other (item and location):				
Vehicle Info	rmation:			
Owner: VIN: Year:	Javier Macedo 1GNEK13T1YJ174264 2000	Make: Model:	Chevy Tahoe	
Child under age 18 discovered (check appropriate)  Yes (number present)  No Children not present but evidence they reside or visit often		unclean Estimated les occurring:	Estimated length of time manufacturing had been	
This report	has been faxed* or emailed to the fo	llowing agencies tha	at serve the location:	
Fire Department City, Township or County Elkhart FD Fax: 574-522-1023  Health Department County: Elkhart Fax: tstill@elkhartcounty.com  Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596				
	ormation regarding this methamphetan Officer: Brandon McBrier Phon	nine laboratory, cont e <u>574-546-4900</u>	tact	

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.